

Participant Survey for the Habilitation Supports Waiver

1.1 Instructions: Please provide a response to each question. The questions will ask how you are supported to live in the community. Project staff may follow-up at a later date with more questions or may ask to visit with you at your home. This survey should take no longer than 30 minutes to complete. Note: Your answers will be kept confidential. This means the project staff will not share how you answered the questions. Your answers will be group together with others who complete the survey. If you have general questions about the survey, contact the Michigan Department of Community Health at HCBSTransition@michigan.gov. If your questions are specific to the Habilitation Supports HCBS Waiver, contact the Habilitation Support Waiver Program at QMP-Federal-Compliance@michigan.gov. The Developmental Disabilities Institute at Wayne State University is collecting the survey for the Michigan Department of Community Health. You will see "Wayne State University" name and logo on the online survey.



1.2 What is your Habilitation Waiver Supports Application (WSA) Identification Number? Note: If you don't know this number, ask your Support Coordinator or Case Manager to give it to you.

1.3 Which of these services or supports do you receive? Help to answer this question: Residential Services: Check this box if you receive Specialized Residential Services, including living in an Adult Foster Care Home, or living in a PIHP/CMH/Provider Owned Home. Do not check this box if you live at home with family or in your own home by yourself or with your spouse or friends. Non-Residential Services: Check this box if you receive any of the following services: out-of-home non-vocational, prevocational, or supported employment. Do not check this box if you do not receive any of the three services.

- ☐ Residential Services: Services or supports that help you live in your home. (1)
- ☐ Non-Residential Services: Services or supports that help you work, be a member of your community, etc. (2)
- ☐ I do not know the answer to this question. (3)

2.1 Is someone helping you complete this survey?

- ☐ Yes (1)
- ☐ No (2)

Answer If Is someone helping you complete this survey? Yes Is Selected

2.2 Name and contact information of person who is helping you with this survey:

Name (1)

Contact Phone Number (2)

Contact Email Address (3)

Answer If Is someone helping you complete this survey? Yes Is Selected

2.3 This person is (check all that apply):

- ☐ A family member (1)
- ☐ Your guardian or legal representative (2)
- ☐ Your Supports Coordinator or Case Manager (3)
- ☐ A person that provides your supports (provider agency staff or direct support worker) (4)
- ☐ Other, please specify: (5) _____

Answer If This person is (check all that apply): Your Supports Coordinator or Case Manager Is Selected Or This person is (check all that apply): A person that provides your supports (provider agency staff or direct support worker) Is Selected

2.4 Did you interview the person to complete this survey?

- ☐ Yes (1)
- ☐ No (2)

3.1 Where do you live?

- ☐ At home with my family (1)
- ☐ In my home by myself or with my spouse or friends (2)
- ☐ In a specialized residential home (3)
- ☐ In an adult foster care home (4)
- ☐ In a private residence that is owned by the Pre-Paid Inpatient Health Plan (PIHP), Community Mental Health Service Provider (CMHSP) or provider, alone or with spouse (5)
- ☐ I do not know the answer to this question. (6)

4.1 How would you describe your home?

- ☐ Single family home (1)
- ☐ Duplex (2)
- ☐ Multi-unit or apartment building (3)
- ☐ Single residence within complex or unit/apartments for people with disabilities (4)
- ☐ Other, please specify (5) _____
- ☐ I do not know the answer to this question. (6)

4.2 Who do you live with? (check all that apply)

- ☐ People without disabilities (1)
- ☐ People who have disabilities (2)
- ☐ I live by myself. (3)

Answer If Other residents include (check all that apply) People who have disabilities Is Selected

4.3 How many people with disabilities?

Answer If Who do you live with? (check all that apply) People who have disabilities Is Selected

4.4 Are you related to the people with disabilities you live with?

- ☐ Yes (1)
- ☐ No (2)

4.5 Is your home in the same building or on the campus of a treatment center? A treatment center is a facility that provides some or all of these services: group therapy, individual therapy, on-site activities, behavioral support, psychiatric services, nursing supports, and vocational employment/training. The person also lives in the facility or on its property.

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

4.6 Is your home only for people with disabilities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

4.7 Does your residential provider offer services to people with disabilities in several homes on the same street, nearby streets or neighborhood?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

4.8 Do you take school classes at your home or in a building on the campus of your home?

- ☐ Yes, If marked: It means you go to school at home or in a building on the campus of your home. (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

5.1 Do you live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?

- ☐ Yes (1)
- ☐ No (2)

5.2 Who helps you access the community?

- ☐ Direct Support Worker(s) (1)
- ☐ Home Manager (2)
- ☐ Case Manager/Support Coordinator (3)
- ☐ Family/Friends (4)
- ☐ Volunteers (5)

5.3 Which of the following activities do you choose to do (check all that apply)?

- ☐ Shopping for myself (1)
- ☐ Religious or spiritual services (2)
- ☐ Scheduled appointments (personal or medical) (3)
- ☐ Meals with friends or family (4)
- ☐ Recreation activities (5)
- ☐ Community events (6)
- ☐ Volunteer community services (7)
- ☐ Community employment (8)
- ☐ School or education (9)
- ☐ Other (10) _____

5.4 Visitors to your home: Can friends and family visit you without rules such as visiting hours or times?

- ☐ Yes (1)
- ☐ No (2)

5.5 Visitors to your home: Did the residential provider talk to you about the visitor rules?

- ☐ Yes (1)
- ☐ No (2)

5.6 Can your Support Coordinator or Case Manager visit when you want them to visit?

- ☐ Yes (1)
- ☐ No (2)

Answer If Can your Support Coordinator or Case Manager visit anytime? No Is Selected

5.7 If no, why?

6.1 Do you own or lease (rent) your home?

- ☐ Own (1)
- ☐ Rent/Lease (2)
- ☐ I do not know the answer to this question. (3)

If Own Is Selected, Then Skip To Do you have information about your ri...

6.2 Do you have a lease (rental) agreement for your home?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

6.3 Does the lease agreement explain how an eviction happens and what to do? Note: For example, a landlord might tell the renter to move out because the person did not pay their rent.

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

6.4 Do you know how to request new housing?

- ☐ Yes (1)
- ☐ No (2)

6.5 Do you have information about your rights when you have a CMH plan of supports?

- ☐ Yes (1)
- ☐ No (2)

6.6 Do have information on how to file a complaint about your CMH plan of supports?

- ☐ Yes (1)
- ☐ No (2)

6.7 Is the information about filing a complaint in a way you can understand and use it?

- ☐ Yes (1)
- ☐ No (2)

6.8 Do you know who to call to file an anonymous complaint?

- ☐ Yes (1)
- ☐ No (2)

6.9 Do you know how to contact your family members, friends, or guardian when there is a problem?

- ☐ Yes (1)
- ☐ No (2)

6.10 Do the staff who help you at home talk about your personal issues in front of other people?

- ☐ Yes (1)
- ☐ No (2)

6.11 Do staff who help you at home talk to you using the name you prefer?

- ☐ Yes (1)
- ☐ No (2)

6.12 Do you have access to your personal funds?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do you have access to your personal funds? No Is Selected

6.13 In the last question "do you have access to your personal funds", you answered "no". Why?

6.14 Do you have control of your personal funds?

- ☐ Yes (1)
- ☐ No (2)

6.15 In the last question "do you have control of your personal funds", you answered "no". Why?

6.16 Do you have a place to store your belongings away from others?

- ☐ Yes (1)
- ☐ No (2)

6.17 Do you pick who provides your services and supports in your home?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do you choose who provides your services and supports in your home? No Is Selected

6.18 In the last question "do you pick who provides your services and support in your home", you answered "no". Why?

6.19 Are you able to update or change your services and supports based on your likes/dislikes?

- ☐ Yes (1)
- ☐ No (2)

6.20 Are you able to update or change your services and supports based on your needs?

- ☐ Yes (1)
- ☐ No (2)

6.21 Do you participate in legal activities such as e.g. voting in public elections if your are over 18 years or older?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do you participate in legal activities (e.g. voting in public elections when 18 years or older, consuming alcohol when 21 years or older) similar to people who do not receive Medicaid funded Home ... No Is Selected

6.22 In the last question "do you participate in legal activities", you answered "no". Why?

7.1 Did you choose where you live?

- ☐ Yes (1)
- ☐ No (2)

Answer If Did the individual select the living arrangement? No Is Selected

7.2 In the last question "did you choose where you live", you answered "no". Why?

7.3 Did you have choices when deciding where to live?

- ☐ Yes (1)
- ☐ No (2)

Answer If Did you have many choices when deciding where to live? No Is Selected

7.4 In the last question "did you have many choices when deciding where to live", you answered "no". Why?

7.5 If you live with other people, did you pick your housemate?

- ☐ Yes (1)
- ☐ No (2)
- ☐ This question does not apply to me. I do not have a housemate. (3)

Answer If If you live with other people, did you choose your housemate? No Is Selected

7.6 In the last question "did you pick your housemate", you answered "no". Why?

7.7 If you live with other people, did you have the option of having your own bedroom?

- ☐ Yes (1)
- ☐ No (2)

Answer If If you live with other people, did you have the option of having your own bedroom? No Is Selected

7.8 In the last question "did you have the option of having your own bedroom", you answered "no". Why?

7.9 If you live with other people, did you pick your roommate?

- ☐ Yes (1)
- ☐ No (2)
- ☐ This question does not apply to me. I do not have a housemate. (3)

Answer If If you live with other people, did you pick your roommate? No Is Selected

7.10 If no, why?

7.11 Are you the only person who has keys or keypad access to your home?

☐ Yes (1)

☐ No (2)

Answer If Are you the only person who has keys or keypad access to your home? No Is Selected

7.12 In the last question "are you the only persons who has keys or keypad access to your home", you answered "no". Why?

7.13 Can you close and lock your bedroom door?

☐ Yes (1)

☐ No (2)

Answer If Can individuals close and lock their bedroom door? No Is Selected

7.14 In the last question "can you close and lock your bedroom door", you answered "no". Why?

7.15 Can you close and lock your bathroom door?

☐ Yes (1)

☐ No (2)

Answer If Can individuals close and lock their bathroom? No Is Selected

7.16 In the last question "can you close and lock your bathroom door", you answered "no". Why?

7.17 Does your home staff ask before entering your living areas (bedroom, bathroom)?

☐ Yes (1)

☐ No (2)

Answer If Do staff members respect an individual's privacy when entering an individual's personal space? No Is Selected

7.18 In the last question "does your home staff ask before entering your living areas (bedroom, bathroom)", you answered "no". Why?

8.1 Do you choose what you eat?

☐ Yes (1)

☐ No (2)

Answer If Do individuals receive assistance with dressing if necessary? No Is Selected

8.2 In the last question "do you choose what you eat", you answered "no". Why?

8.3 Do you choose if you want to eat alone or with others?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals receive assistance with dressing if necessary? No Is Selected

8.4 In the last question "do you choose if you want to eat alone or with others", you answered "no". Why?

8.5 Do you have access to food at any time?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals have options to eat along or with other housemates? No Is Selected

8.6 In the last question "do you have access to food at any time", you answered "no". Why?

9.1 Do you choose what clothes to wear?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do you choose what clothes to wear? No Is Selected

9.2 In the last question "do you choose what clothes to wear", you answered "no". Why?

9.3 Do you have help with getting dressed if you need it?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do you have help with getting dressed if you need it? No Is Selected

9.4 In the last question "do you have help with getting dresses if you need it", you answered "no". Why?

10.1 Do you have access to a personal communication device?For example, a Cell phone, a Landline phone, a Personal Computer, a Tablet, or an Augmentative and Alternative Communication device.

- ☐ Yes (1)
- ☐ No (2)

Answer If Do you have access to a personal communication device?For example, a Cell phone, a Landline phone, a Personal Computer, or a Tablet.<o:p></o:p> No Is Selected

10.2 In the last question "do you have access to a personal communication device", you answered "no". Why?

10.3 Can you use the communication device in private at any time?

- ☐ Yes (1)
- ☐ No (2)

Answer If Can you use the communication device in private at any time? No Is Selected

10.4 In the last question "can you use the communication device in private at any time", you answered "no". Why?

10.5 If you share a communication device with other individuals you live with, can it be used in a place for private communication?

- ☐ Yes (1)
- ☐ No (2)
- ☐ This question does not apply to me. I do not share a communication device. (3)

Answer If If you share a communication device with other individuals you live with, can it be used in a place for private communication? No Is Selected

10.6 In the last question "can your communication device be used in a place for private communication", you answered "no". Why?

10.7 Does your bedroom have a telephone jack, wireless internet, or an Ethernet jack?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know the answer to this question. (3)

Answer If Does your bedroom have a telephone jack, wireless internet, or an Ethernet jack? No Is Selected

10.8 In the last question "does your bedroom have a telephone jack, wireless internet, or an Ethernet jack", you answered "no". Why?

10.9 Are there cameras, visual monitors, or audio monitors present in your home?

- ☐ Yes (1)
- ☐ No (2)

10.10 If you need help with personal care, do you receive this support in privacy?

- ☐ Yes (1)
- ☐ No (2)

Answer If If you need help with personal care, do you receive this support in privacy? No Is Selected

10.11 In the last question "do you receive personal care support in privacy", you answered "no". Why?

10.12 Do you (with or without supports) arrange and control your person schedule of daily appointments activities?

- ☐ Yes (1)
- ☐ No (2)

11.1 Do you have full access to the home's spaces?

	Do you have full access?		Can you access these spaces at any time?	
	Yes (1)	No (2)	Yes (1)	No (2)
Kitchen (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining Area (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry Area (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Area or Family Room (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Do you have full access to the home's spaces? Kitchen - Do you have full access? - No Is Selected Or Do you have full access to the home's spaces? Dining Area - Do you have full access? - No Is Selected Or Do you have full access to the home's spaces? Laundry Area - Do you have full access? - No Is Selected Or Do you have full access to the home's spaces? Living Area or Family Room - Do you have full access? - No Is Selected

11.2 If you do not have full access to the home's spaces, why?

11.3 Do you have a Positive Behavioral Support Plan that is in writing and just for you? Positive Behavioral Support Plan: During the person-centered planning process, it may be learned that a behavior treatment plan is needed to support the individual. The individual or his/her legal representative must give consent before a behavior plan is used. If a plan includes restrictive or intrusive techniques, the plan must be reviewed and approved/disapproved by the local CMHSP Behavioral Treatment Committee.

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

11.4 Is there space in your home to meet with visitors and have private conversations?

- ☐ Yes (1)
- ☐ No (2)

11.5 Can you choose to come and go from your home when you want?

- ☐ Yes (1)
- ☐ No (2)

11.6 Can you move inside and outside of your home when you want?

- ☐ Yes (1)
- ☐ No (2)

12.1 Is your home physically accessible to you? For example does your home have grab bars, shower chairs, or wheelchair ramps if you need it?

- ☐ Yes (1)
- ☐ No (2)
- ☐ This question does not apply to me. I do not need it to live in my home. (3)

Answer If Is your home physically accessible to you? For example does your home have grab bars, shower chairs, or wheelchair ramps if you need it? No Is Selected

12.2 In the last question "is your home physically accessible to you", you answered "no". Why?

12.3 Are the home's appliances (stove, microwave, etc.) accessible to you?

- ☐ Yes (1)
- ☐ No (2)

Answer If Are the home's appliances (stove, microwave, etc.) accessible to you? No Is Selected

12.4 In the last question "are the home's appliances accessible to you", you answered "no". Why?

12.5 Is your home free of gates, locked doors, or other ways to block you from entering or exiting certain areas of your home?

- ☐ Yes (1)
- ☐ No (2)

Answer If Is your home free of gates, locked doors, or other ways to block you from entering or exiting cer... No Is Selected

12.6 In the last question "is your home free of gates, locked doors, or other ways to block your way in your home", you answered "no". Why?

13.1 Is accessible transportation available for you to make trips to the community?

- ☐ Yes (1)
- ☐ No (2)

Answer If Is accessible transportation available for you to make trips to the community? No Is Selected

13.2 In the last question "is accessible transportation available for you to make trips to the community", you answered "no". Why?

13.3 If public transit is limited or unavailable, do you have another way to access the community?

- ☐ Yes (1)
- ☐ No (2)

Answer If If public transit is limited or unavailable, do you have another way to access the community? No Is Selected

13.4 In the last question "do you have another way to access the community", you answered "no". Why?

14.1 Instructions: In this section, the questions will ask about how you spend your day. This is the services besides your living supports. In this survey this provider is called, "Your Non-Residential Support Provider". Do you receive Non-Residential Services?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know the answer to this question. (3)

Answer If Yes Is Selected Or I don't know the answer to this question. Is Selected

14.2 Which of the following do you do (mark all that apply)?

- ☐ I work (1)
- ☐ I volunteer (2)
- ☐ I don't work (3)
- ☐ I go to school (4)
- ☐ I am retired (5)

14.3 How many Non-Residential Living Support Providers do you have (enter a number)?

Answer If Which of the following do you do (mark all that apply)? I work Is Selected Or Which of the following do you do (mark all that apply)? I volunteer Is Selected

14.4 Who are your Non-Residential Living Support Providers? Note: If you have more than one provider, you will answer questions about each provider.

- Your Non-Residential Provider #1 (1)
- Your Non-Residential Provider #2 (2)
- Your Non-Residential Provider #3 (3)
- Your Non-Residential Provider #4 (4)

15.1 Which service do you receive from \${lm://Field/2}?

- ☐ Supported Employment (1)
- ☐ Out-of Home Non-Vocational Services (2)
- ☐ Pre-Vocational Services (3)

15.2 Where is the service provided from $\{lm://Field/2\}$?

- ☐ At a work site for people with disabilities (for example a workshop for people with disabilities, work crew of people with disabilities, or a day program for people with disabilities) (1)
- ☐ In the community at a local business, restaurant, or as a small business owner (2)

Answer If Which of the following do you do (mark all that apply)? I work Is Selected

15.3 Are you paid for this work?

- ☐ Yes (1)
- ☐ No (2)

Answer If Which of the following do you do (mark all that apply)? Work Is Selected

15.4 Can you schedule your work hours or days similar to your co-workers who do not have disabilities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

Answer If Can you schedule your work hours or days similar to your co-workers who do not have disabilities? No Is Selected

15.5 In the last question "can you schedule your work hours or days similar to your co-workers who do not have disabilities", you answered "no". Why?

Answer If Which of the following do you do (mark all that apply)? Work Is Selected

15.6 Can you schedule your breaks and/or lunch times similar to your co-workers who do not have disabilities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

Answer If Can you schedule your breaks and/or lunch times similar to your co-workers who do not have disabilities? No Is Selected

15.7 In the last question "can you schedule your breaks and/or lunch times similar to your co-workers who do not have disabilities", you answered "no". Why?

Answer If Which of the following do you do (mark all that apply)? Work Is Selected

15.8 Do you have employee benefits (vacation, medical benefits) similar to co-workers who do not have disabilities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

Answer If Do you have employee benefits (vacation, medical benefits) similar to co-workers who do not have disabilities? No Is Selected

15.9 In the last question "do you have employee benefits similar to co-workers do not have disabilities", you answered "no". Why?

Answer If Which of the following do you do (mark all that apply)? I work Is Selected

15.10 Do you do work tasks similar to co-workers who do not have disabilities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

Answer If Which of the following do you do (mark all that apply)? I work Is Selected

15.11 Do you interact with your co-workers who do not have disabilities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

Answer If Do you interact with your co-workers who do not have disabilities? No Is Selected

15.12 In the last question "do you interact with your co-workers who do have disabilities", you answered "no". Why?

Answer If Which of the following do you do (mark all that apply)? Work Is Selected

15.13 Do you have contact or connect with individuals from the community/public during work?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

Answer If Do you have contact or connect with individuals from the community/public during work? No Is Selected

15.14 In the last question "do you have contact or connect with individuals from the community/public during work", you answered "no". Why?

Answer If Which of the following do you do (mark all that apply)? Work Is Selected

15.15 Do you decide how your work earnings are spent?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

Answer If Do you decide how your work earnings are spent? No Is Selected

15.16 In the last question "do you decide how your work earnings are spent", you answered "no". Why?

Answer If Which of the following do you do (mark all that apply)? I work Is Selected Or Which of the following do you do (mark all that apply)? I volunteer Is Selected

15.17 If you need personal assistance at work or while volunteering, do you receive it in a private, appropriate place?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know the answer to this question. (3)

Answer If If you need personal assistance at work or while volunteering, do you receive it in a private, appropriate place? No Is Selected

15.18 In the last question "do you receive your personal assistance at work in a private, appropriate space", you answered "no". Why?

Answer If Do you have control of your personal funds? No Is Selected

16.1 In the last question "do you have control of your personal funds", you answered "no". Why?

16.2 What other Non-Residential Living Supports do you receive? (Mark all that apply)

- ☐ Clubhouse or Peer Operated Support Center (1)
- ☐ Integrated Care Organization (ICO) Waiver Day Program (2)
- ☐ Peer Mentor (3)
- ☐ Peer Support Specialist (4)
- ☐ Community Living Supports (CLS) (5)
- ☐ Other, specify: (6) _____
- ☐ I do not receive any of the services in this list. (7)

Answer If What other Non-Residential Living Supports do you receive? (Mark all that apply) Community Living Supports (CLS) Is Selected

16.3 Who provides your Community Living Supports (CLS) services?

- ☐ Residential Provider (1)
- ☐ Vocational Provider (2)
- ☐ Pre-Vocational Provider (3)
- ☐ Out of Home, Non-Vocational Provider (4)
- ☐ Direct Hire or Self-Directed Arrangement (5)